

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Radunsky et al.

Application No.: 10/796,882

Group No.: 1797

Filed: March 8, 2004

Examiner: Drodge, Joseph W.

For: Method and System for Colloid Exchange Therapy

Mail Stop Issue Fee

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

TRANSMITTAL OF PAYMENT OF ISSUE FEE (37 C.F.R. § 1.311)
AND PAYMENT OF PUBLICATION FEE ((37 C.F.R. § 1.211(e))

1. Applicant hereby pays the issue fee for the attached Issue Fee Transmittal PTOL-85.
2. Applicant
 - A. Asserted small entity status in this application on March 8, 2004 by payment of the basic filing fee as a small entity. (37 C.F.R. § 1.27(c)(3))

It is confirmed that small entity status for this application has been checked and it is still in effect and is being asserted.

- B. Applicant hereby asserts small entity status for this application.

3. Fee (Issue):

Application status is small business entity with a utility fee of \$755.00.

4. Fees (Publication)

This is an application for a utility patent and:

The publication fee of \$ 300.00 (§ 1.18(d)) is being paid herewith.

5. Advance Order of Copies

Number of copies ordered 1 x \$3.00 per copy (37 C.F.R. § 1.19(a)(1))

\$3.00

6. Total Fees Due

The total amount of fees due is:

issue fee	<u>\$755.00</u>
publication fee	<u>\$300.00</u>
additional copies	<u>\$3.00</u>

TOTAL FEE(S) DUE \$1,058.00

7. Assignee's Name and Address To Be Printed On Patent is as follows (37 C.F.R. § 3.81):

Name of Assignee:	Immunocept, L.L.C.
Address:	6530 Clearhaven Circle
Residence (City and State or Country):	Dallas, Texas

Assignee category or categories (not printed on patent): Corporation or other private group entity

8. Payment of total fee due:

Authorization is hereby made to charge the amount of \$1,058.00 to Deposit Account No. 19-4972.

Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

Date: March 17, 2009

/Robert A. Hess, #57,411/
Robert A. Hess
Registration No. 57,411
Bromberg & Sunstein LLP
125 Summer Street
Boston, MA 02110
617-443-9292
Customer No. 02101

03154/00103 1026984.1

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** **Mail Stop ISSUE FEE**
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

2101 7590 12/19/2008

BROMBERG & SUNSTEIN LLP
125 SUMMER STREET
BOSTON, MA 02110-1618

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
-----------------	-------------	----------------------	---------------------	------------------

10/796,882 03/08/2004 David Radunsky 3154/103 2882

TITLE OF INVENTION: METHOD AND SYSTEM FOR COLLOID EXCHANGE THERAPY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
-------------	--------------	---------------	---------------------	----------------------	------------------	----------

nonprovisional YES \$755 \$300 \$0 \$1055 03/19/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
----------	----------	----------------

DRODGE, JOSEPH W 1797 210-645000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Bromberg & Sunstein LLP

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Immunocept, L.L.C.

Dallas, Texas

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 1

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- ☐ A check is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-4972 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature /Robert A. Hess, #57,411/

Date March 17, 2009

Typed or printed name Robert A. Hess

Registration No. 57,411

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.